

Political Organization  
Notice of Section 527 Status

OMB No. 1545-1693

## General Information

1 Name of organization <b>GREGORY W. PORTER FOR STATE REPRESENTATIVE</b>		2 Taxpayer identification number <b>91-2065011</b>
3 Mailing address (P.O. Box or number, street, and room or suite number) <b>3614 N. PENNSYLVANIA STREET</b>		
City or town, state, and ZIP code <b>Indianapolis, Indiana, 46205-3634</b>		
3 E-mail address of organization <b>gporter@hncwp.org</b>		
4a Name of custodian of records <b>GREGORY W PORTER</b>	4b Custodian's address <b>SAME</b>	
5a Name of contact person <b>GREGORY W PORTER</b>	5b Contact person's address <b>SAME</b>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number <b>N/A</b>		
City or town, state, and ZIP code		

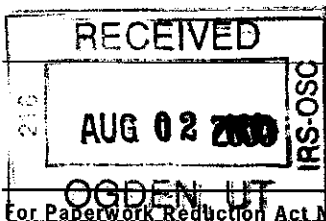
## Purpose

7 Describe the purpose of the organization

TO BE Economic Arm of Committee, in respect  
to Raising Funds and disbursing of Funds to  
operate Committee. ~~FOR~~

## List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
<b>NA</b>		



For Paperwork Reduction Act Notice, see page 4.

Cat. No. 30405V

Form **8871** (7-2000)

